

Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	09/322,289
				Filing Date	May 28, 1999
				First Named Inventor	Schenk, Dale B.
				Art Unit	1649
				Examiner Name	Kolker, Daniel E.
Sheet	1	of	1	Attorney Docket Number	15270J-004740US

NON PATENT LITERATURE DOCUMENTS				
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²	
	2-99	U.S. Application No. 09/322289, Examiner Interview Summary mailed 01/15/2009.	<input type="checkbox"/>	
	2-98	U.S. Application No. 09/723765, Examiner Interview Summary mailed 01/16/2009.	<input type="checkbox"/>	
	2-92	U.S. Application No. 09/723765, Examiner Interview Summary mailed 10/08/2008.	<input type="checkbox"/>	
	2-101	U.S. Application No. 10/429216, Examiner Interview Summary mailed 03/06/2006.	<input type="checkbox"/>	
	2-100	U.S. Application No. 10/544093, Office Action mailed 02/09/2009.	<input type="checkbox"/>	
	2-93	U.S. Application No. 10/923471, Examiner Interview Summary mailed 10/20/2008.	<input type="checkbox"/>	
	2-96	U.S. Application No. 11/304986, Office Action mailed 12/31/2008.	<input type="checkbox"/>	
	2-97	U.S. Application No. 11/305899 Office Action mailed 12/10/2008.	<input type="checkbox"/>	
	2-94	U.S. Application No. 11/342353, Office Action mailed 11/14/2008.	<input type="checkbox"/>	
	2-95	U.S. Application No. 11/842023, Office Action mailed 11/13/2008.	<input type="checkbox"/>	

Examiner Signature	/Daniel Kolker/	Date Considered	06/03/2009
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* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.